

# **ADA Paratransit Service Blacksburg Transit**

## **APPLICATION #1**

### **REQUEST FOR CERTIFICATION OF ELIGIBILITY**

The Blacksburg Transit ADA Paratransit program is available for persons who, due to a disability, are unable to use Blacksburg Transit's public fixed route transportation, which includes low floor accessible buses. The applicant requesting eligibility should complete Application #1. However, someone can complete the application on the applicant's behalf. After the application is mailed or handed in, the application process will begin, but before the application can be reviewed, it must be complete. All questions on the application have to be answered and the application must be signed. If any of these are missing, the application is considered incomplete and will be returned, which will delay the process. Application #2 will be sent to the physician, health care or rehabilitation professional indicated on the last page of Application #1 after our office receives it. Once both parts of the application have been received, a determination of eligibility is made, and a packet of information pertaining to this eligibility determination will be mailed.

The information obtained in this certification process will only be used by Blacksburg Transit for the provision of transportation services. It will only be shared with other transit providers to facilitate travel in those areas and will not be provided to any other person or agency.

The Paratransit Office's business hours are 8 AM – 5 PM, Monday – Friday. If you have any questions or need assistance completing this application, please contact us during business hours and we would be happy to help you.

**(Please Print)**

1. Name \_\_\_\_\_

2. Street Address \_\_\_\_\_

(Bldg. Complex  
Name / PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

3. Do you live inside Blacksburg Corporate Limits\*\* \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\* This does not determine your eligibility

4. Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (w) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 6. \_\_\_\_\_ Male \_\_\_\_\_ Female

7. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Would you like this application and/or future publications in a different format?

--There is an on-line application at [www.btransit.org](http://www.btransit.org).

--We can provide a computer file.

**-- Call 961-1803 for large print, Braille, audiotape, or other format.**

9. Please indicate below the reasons you are seeking ADA Paratransit  
Eligibility (check all that apply):

\_\_\_\_ I can use BT buses to go some places, but in other places I cannot  
get to or from the bus stops safely.

\_\_\_\_ I can only use BT buses to go some places if they are accessible and safe.

\_\_\_\_ Because of my disability, I can *never* use BT bus service.

**Please read the following statements and check those that best describe what you believe is your ability to safely use the BT bus service by yourself.**

10. Do you currently use the BT service at all? \_\_\_\_\_Yes \_\_\_\_\_No

11. Have you used BT bus service by yourself in the past year?  
\_\_\_\_\_Yes \_\_\_\_\_No

12. If you have used the bus service and stopped, please explain why.

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13. What is the closest bus stop to your home that meets your needs? Please give the location (ex: corner of Marlinton and Main)

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14. Can you safely get to this bus stop by yourself?

\_\_\_\_\_ Yes \_\_\_\_\_No \_\_\_\_\_ Sometimes

If no or sometimes, why not?

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15. What is it about riding a BT bus that is the most difficult for you? (Ex: the bus moves before I am seated, etc.) Please list as many things as you can think of:

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16. Can you ever safely cross the street by yourself? \_\_\_\_ Yes \_\_\_\_ No

If yes, under what circumstances?

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17. Does the weather affect your ability to safely use the BT bus service?

\_\_\_\_ Yes \_\_\_\_ No

If you answered yes, please explain how:

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18. Does your health condition or transportation disability change from day to day in a way that affects your ability to use accessible buses?

\_\_\_\_ Yes, good on some days, bad on others.

\_\_\_\_ No, doesn't change.

\_\_\_\_ Don't know.

If yes or don't know is selected, explain why:

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**The following information will be used to insure we provide the most appropriate service to you. This information will also assist Blacksburg Transit in preparing your trip requests.**

19. What disability(s) prevents you from safely using our accessible fixed route bus service? *Please check all that apply:*

\_\_\_\_ Physical

\_\_\_\_ Mental Illness

\_\_\_\_ Mental / Cognitive

\_\_\_\_ Visual Impairment

\_\_\_\_ Other: \_\_\_\_\_

20. Please list the names of ALL your disabilities/limitations:

**\*\* Please spell out acronyms \*\***

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21. Is this condition temporary? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes; Expected duration until \_\_\_\_/\_\_\_\_/\_\_\_\_

22. Do you use any of the following aids? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Manual Wheelchair         | <input type="checkbox"/> Cane              |
| <input type="checkbox"/> Electric Wheelchair       | <input type="checkbox"/> White Cane        |
| <input type="checkbox"/> Powered Scooter/Cart      | <input type="checkbox"/> Crutches          |
| <input type="checkbox"/> Large Electric Wheelchair | <input type="checkbox"/> Walker            |
| <input type="checkbox"/> Service Animal            | <input type="checkbox"/> Leg Brace(s)/Cast |
| <input type="checkbox"/> Communication Device      | <input type="checkbox"/> Oxygen Tank       |
| <input type="checkbox"/> Prosthesis                | <input type="checkbox"/> Other: _____      |

23. Do you require a Personal Care Attendant (PCA) to accompany you when traveling? (If "YES" that person is generally required for all trips.)

\_\_\_\_\_ Yes, I need assistance when I travel with:

- |   |                                     |                                 |
|---|-------------------------------------|---------------------------------|
| <input type="checkbox"/> mobility         | <input type="checkbox"/> reading    | <input type="checkbox"/> eating |
| <input type="checkbox"/> transfers        | <input type="checkbox"/> medication |                                 |
| <input type="checkbox"/> other: _____     |                                     |                                 |
| <input type="checkbox"/> all of the above |                                     |                                 |

\_\_\_\_\_ No

25. Can you safely get to the Paratransit vehicle without the help of another person?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

If no or sometimes, please explain?

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## YOUR FUNCTIONAL ABILITY

**Your answers to the questions in this section will help us better understand your functional ability in specific areas. For each question, circle one answer. Your answers should be based on: how you feel most of the time; under normal circumstances; using your mobility equipment; and whether you can perform this activity independently and in a safe manner.**

26. Walk up or down three steps if there are handrails on both sides?

Always                      Sometimes                      Never                      Not Sure

27. Use the telephone to get information?

Always                      Sometimes                      Never                      Not Sure

28. Travel 200 feet on a level sidewalk when the weather is good?

Always                      Sometimes                      Never                      Not Sure

29. If you are able to travel 200 feet, how long does it take you?

< 5 min                      5-10 min                      > 10 min                      Not Sure

30. Use a ramp on a low floor accessible bus?

Always                      Sometimes                      Never                      Not Sure

31. Travel  $\frac{1}{4}$  mile on a level sidewalk, if the weather is good?

Always                      Sometimes                      Never                      Not Sure

32. If you are able to travel  $\frac{1}{4}$  mile, how long does it take you?

< 5 min                      5-10 min                      > 10 min                      Not Sure

33. Wait 15 minutes in good weather outdoors without a place to sit?

Always                      Sometimes                      Never                      Not Sure

34. Wait 30 minutes or more in good weather outdoors without a place to sit?

Always                      Sometimes                      Never                      Not Sure

35. Step on and off the curb from the sidewalk?

Always

Sometimes

Never

Not Sure

36. Travel up or down a gradual hill on the sidewalk, if the weather is good?

Always

Sometimes

Never

Not Sure

37. Find your own way to the bus stop safely, if someone shows you the way once?

Always

Sometimes

Never

Not Sure

38. Currently travel by yourself safely?

Always

Sometimes

Never

Not Sure

39. If the weather is good and there are no barriers in the way, what is the farthest you can walk or travel outdoors on a level sidewalk without stopping to rest?

\_\_\_ I can't travel outdoors alone at all

\_\_\_ Curb in front of my house

\_\_\_ 200 feet

\_\_\_ ¼ mile

\_\_\_ ½ mile

\_\_\_ ¾ mile

\_\_\_ More than ¾ mile

\_\_\_ Not Sure

\_\_\_ Other (explain) \_\_\_\_\_

**VISUAL DISABILITY (Note: If you do not have a visual disability, please skip this section and move to the next.)**

40. Name of eye disease/condition:

\_\_\_\_\_  
\_\_\_\_\_

41. My vision is worse during these conditions:

\_\_\_ bright sunlight

\_\_\_ dimly lit or shaded places

\_\_\_ night time

- ☐ glare (from snow or vehicles)
- ☐ see the same in different lighting conditions
- ☐ I have no vision at all

42. My eye condition is considered to be:

- ☐ stable
- ☐ degenerative
- ☐ other (please explain) \_\_\_\_\_

43. Most often, I use the following mobility aids when I walk outdoors:

- ☐ sighted (person) guide
- ☐ dog guide
- ☐ long white cane
- ☐ optical devices (telescope, light, special glasses, etc.)
- ☐ none of the above
- ☐ other: \_\_\_\_\_

44. I have difficulty safely navigating through traffic conditions because of the following:

- ☐ insufficient peripheral vision
- ☐ inability to judge distances and speeds of oncoming vehicles
- ☐ difficulty seeing motorcycles and bicycles
- ☐ difficulty seeing traffic lights
- ☐ other: \_\_\_\_\_

45. I can easily see steps and curbs \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes.

46. While waiting to board my bus, I can see bus routes on the buses

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes

47. I can safely find my destination without assistance.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes



## THE ENVIRONMENT AROUND YOUR HOME

48. Do you have multiple steps at the entrance you use at your residence?

\_\_\_\_\_ Yes \_\_\_\_\_ No

49. How would you describe the terrain where you live? (ex: steep hill, flat, long gradual hill, etc.)

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50. Are there sidewalks in your neighborhood? \_\_\_\_\_ Yes \_\_\_\_\_ No

51. Please use this space to tell us anything else you would like us to know about your travel challenges and your ability to use BT bus service.

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52. Please list the trips you may take most often, which you believe you would not be able to use the accessible fixed route bus. Factors should include being able to get to the bus stop, wait, board and ride or disembark from the bus as well as get from the stop to your destination. *This information will not be used to schedule any trips.* You must call the office for all trip requests.

Destination Addresses:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**List any additional trips on a separate sheet if necessary**

**Person to be contacted in the event of an emergency. Please select someone who would not be riding in the vehicle with you:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number (h) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (w) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street, City, State \_\_\_\_\_

**I hereby certify that the information provided in Application #1 is correct.**

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Applicant or Designee

**If Application #1 has been completed by someone other than the applicant, they must complete the following:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## INFORMATION RELEASE AUTHORIZATION FORM

To allow Blacksburg Transit to evaluate your request, it is necessary to contact your physician or other professional(s) *who best know your abilities and limitations* to support the information you provided in Application #1. *If more than one professional is needed*, make a copy of this page and include *all the information* for each professional. If you need copies please call the Paratransit office.

Please complete the following information requested below and mail Application #1 to Blacksburg Transit, 2800 Commerce St., Blacksburg, VA 24060-6656. Blacksburg Transit will then forward Application #2 to the physician(s) or professional(s) noted below.

The following Physician \_\_\_\_\_, Health Care Professional \_\_\_\_\_, Rehabilitation Professional \_\_\_\_\_ (check one), is familiar with my abilities and limitations (disabilities) and is authorized to provide all necessary information to Blacksburg Transit in order to complete this certification:

Professional's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*This must be complete to be considered*